

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90005 024 \*\*\*150.00

DOCUMENT # S85729

1. Corporation Name

ECKERD CORPORATION OF FLORIDA, INC.

Principal Place of Business

% CORP TAX DEPT  
8333 BRYAN DAIRY RD  
LARGO FL 34647  
US

Mailing Address

% CORP TAX DEPT  
8333 BRYAN DAIRY RD  
LARGO FL 34647  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 10001

27 Suite, Apt. #, etc.

28 DALLAS TX

Zip

Country

29 75301-1205 30 US

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA  
8333 BRYAN DAIRY RD  
ATTN RISK MANAGEMENT  
LARGO FL 33777

3. Date Incorporated or Qualified

10/07/1991

4. FEI Number

59-3102662

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPCE			<input type="checkbox"/>
	NEWMAN, FRANK A	8333 BRYAN DAIRY RD	LARGO FL	
	DVCF			<input type="checkbox"/>
	WRIGHT, SAMUEL G.	8333 BRYAN DAIRY RD	LARGO FL	
	DVS			<input type="checkbox"/>
	SANTO, JAMES M.	8333 BRYAN DAIRY RD	LARGO FL	
	VT			<input type="checkbox"/>
	GLADYSZ, MARTIN W.	8333 BRYAN DAIRY RD	LARGO FL	
	VAS			<input type="checkbox"/>
	LEWIS, ROBERT E	8333 BRYAN DAIRY RD	LARGO FL	
	AT			<input type="checkbox"/>
	MILAM, DENNIS J	8333 BRYAN DAIRY RD	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	Director			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	Director			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis J. Milam

April 28, 1999

(727) 395-6000

Date

Daytime Phone #

CR2E034 (11/98)

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